Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-4-08</u>	Address:	<u>US 41@ 50 Split</u>
Case #:	<u>96-3417</u>		Vincennes, In
County:	<u>Knox</u>		
Type of La	aboratory Seizure (check one)	Seizure Location (c	theck all that annie
∑ Operatio		Residence Outbuilding Vehicle	Hotel/Motel Open No Structure Other:
Lithium	/Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Truck			
☐ Water Reactive Metal (Lithium): Truck			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Truck			
Corrosive Base:			
Other (item and location):			
	om did robat(off)		
Child under age 18 discovered (check one) Yes (number present) No If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Traffic stop	
<u> L'his report</u>	is to be faxed to the following ager	acies that serve the loc	ration;
Fire Department: <u>Vincennes</u> Health Department: <u>Knox County</u> Child Protection Service: <u>N/A</u>		Fax: 812-886-3404 Fax: 812-882-5625 Fax: N/A	
wesuganng * This form	nformation regarding this methamph Officer: <u>Doug Humphrey</u> Phot is to be faxed to the Pire Department, Heaf vin 24 hours of scene processing.	ne <u>812-867-2079</u>	

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.